



RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
ART UNIT 1723

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Dickson, Nicola J., et al.
Serial No. : 09/856,793
Filed : August 27, 2001
For : CHROMATOGRAPHY COLUMN SYSTEM AND METHOD
OF PACKING OF A CHROMATOGRAPHY COLUMN
Examiner : Therkorn, Ernest G.
Art Unit : 1723
Attorney :
Docket No. : MCA-432

Commissioner for Patents
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Alexandria, VA 22313-1450

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November 18, 2003
Date

AMENDMENT AFTER FINAL

In response to the Office Action dated September 25, 2003, please amend the above-identified
application as follows:

Remarks begin on page 2 of this paper.

Amendments to the Claims begin on page 5 of this paper.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/856,793	
	Filing Date	August 27, 2001	
	First Named Inventor	Nicola Jane Dickson	
	Group Art Unit	1723	
	Examiner Name	Therkorn, Ernest G.	
Total Number of Pages in This Submission	7	Attorney Docket Number	MCA-432

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin S. Lemack Niels & Lemack
Signature	
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